4905 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04876

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf 088-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) Kenneth (Last) Adams
4. DATE OF DEATH (Month) May (Day) 26 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 29, 1923
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Coca Cola Co
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Percy Bryon Adams
14. MOTHER'S MAIDEN NAME Martha Francis Edelen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Army
16. SOCIAL SECURITY NO. 577-26-8683
17. INFORMANT AND ADDRESS Martha Francis Adams Waldorf, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8198

Immediate cause (a) Multiple extreme injuries

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 5
(CITY OR TOWN) Loveville (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 2 (Day) 26 (Year) 54 (Hour) 6:40 a.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Auto hit guard rail & turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Saw M.D. ADDRESS Lexington Park. Md DATE SIGNED 5/26/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 29, 1954
NAME OF CEMETERY OR CREMATORY Immanuel Cemetery
LOCATION (City, town, or county) Baden (State) Md.
DATE REC'D BY LOCAL REG. 5/27/54
REGISTRAR'S SIGNATURE Alan D. Houser, M.D.
24. FUNERAL DIRECTOR Hunt & Ryon Waldorf ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04877

4906 CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Great Mills
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Elmer (Last) Armsworthy

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 31-1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 5 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Labor by the day

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Armsworthy

14. MOTHER'S MAIDEN NAME: Jennie Downes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Mary Margaret Armsworthy Great Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Myocarditis	6 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertension	12 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ,1943, to 5-31 , 1954 that I last saw the deceased alive on 5-29 , 1954, and that death occurred at 4:30 A.M. from the causes and on the date stated above.

SIGNATURE R.T. Beam (Degree or title) M.D. ADDRESS Great Mills Md DATE SIGNED 5-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** June 6-1954 — **NAME OF CEMETERY OR CREMATORY** Holy Face — **LOCATION** (City, town, or county) Great Mills (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 5-31-54 — **REGISTRAR'S SIGNATURE** R.T. Beam M.D.

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

VS. A15

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04878

4907 CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) H. (Last) Blackwell

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colord

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 30-1906

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months 4, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): merchant

10b. KIND OF BUSINESS OR INDUSTRY: for self

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elmore Blackwell

14. MOTHER'S MAIDEN NAME: Mary Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) army

16. SOCIAL SECURITY NO.: 220-16-4831

17. INFORMANT & ADDRESS: Mrs Ella J. Blackwell Piney Point Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Myocardial infarct — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Malignant Hypertension — 3 months

DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1954, to 5-22-, 1954, that I last saw the deceased alive on 5-21-, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD — ADDRESS Great Mills Md — DATE SIGNED 5-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-25-54 — NAME OF CEMETERY OR CREMATORY St marks — LOCATION (City, town, or county) (State) Valley Lee St Marys Md

DATE REC'D BY LOCAL REGISTRAR 5-24-54 — REGISTRAR'S SIGNATURE P J Bean, M.D.

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

RECEIVED
MAY 27 1954
BUREAU V. S.

04879

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4908

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Mary's City X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Mary's City X
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Ignatius (Last) Bohanan

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1954

5. SEX: m

6. COLOR OR RACE: w

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.

8. DATE OF BIRTH: Nov. 5, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ignatius Bohanan

14. MOTHER'S MAIDEN NAME: Martha Peacock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Bertha M. Knott - St. Mary's City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 152X

Immediate cause (a) Carcinoma of small intestine — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1954, to May 27, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE H Bean MD (DEGREE OR TITLE) ADDRESS Great Mills Md DATE SIGNED May 28/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-29-54

NAME OF CEMETERY OR CREMATORY St. James

LOCATION (City, town, or county) St. Mary's City, (State) Md.

DATE REC'D BY LOCAL REG. 5-29-54

REGISTRAR'S SIGNATURE P.J. Beaver MD.

24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 2 1954
BUREAU V. S.

04880

MARYLAND 4909

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 286

ITEM 9 film G166 6/7/54 cm

1. PLACE OF DEATH · COUNTY St.Mary's · MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Palmers LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY St.Mary's CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Palmers STREET ADDRESS rural (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Roberta	(Last) Brown	4. DATE OF DEATH	(Month) May	(Day) 17 (Year) 19 54
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept.23, 1881	9. AGE last birthday 72 XX yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles A. Ellis			14. MOTHER'S MAIDEN NAME Mary Francis Long			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Benjamin Brown-Palmers,Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

500X

Immediate cause (a) Cerebral Apoplexy

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute Bronchitis Pleurisy

(260X)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes 14 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-6, 19 54, to 5-17-, 19 54 that I last saw the deceased alive on 5-16, 19 54, and that death occurred at 3.55 a m., from the causes and on the date stated above.

SIGNATURE Robert V. Palmer (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-19-54	Sacred Heart	Bushwood,Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5-17-54	Robert V. Palmer	P.B. Robinson-Leonardtown,Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 1 1954
BUREAU V. S.

4910 MARYLAND STATE DEPARTMENT OF HEALTH

04881

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland
LENGTH OF STAY (In this place) About 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Rochester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rochester
STREET ADDRESS (If rural, give location) 128 Glenwood Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) IRENE (Middle) MARION (Last) CONOLE
4. DATE OF DEATH (Month) May (Day) 29 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH July 25 1927
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. NAVY
10b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME James E. Conole Sr.
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 9-30-54
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple laceration & contusions.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hays Beach (CITY OR TOWN) Scotland (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 2 (Day) 29 (Year) 54 (Hour) 3 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Beaten & drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry , thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide , homicide ✓, undetermined .*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Leonardtown Md DATE SIGNED 5/29/54

[illegible] CREMATION REMOVAL (Specify) TRANSPORTATION
DATE THEREOF 5-31-54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Rochester, New York

DATE REC'D BY LOCAL REG. 6-1-54
REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.
24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 7 1954
BUREAU V. S

04882

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4911 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River
LENGTH OF STAY (in this place) 3 hrs 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS INF USNAS PAX RIV, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Great Mills
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Vicki (Middle) Jean (Last) KING

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 21, 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: KING, Robert Rees

14. MOTHER'S MAIDEN NAME: COMSTOCK, Mary Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Infirmary, USNAS, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs 50 min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity — DUE TO

(C) Premature separation of placenta

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 May, 1954, to 21 May, 1954, that I last saw the deceased alive on 21 May, 1954, and that death occurred at 4:45A M, from the causes and on the date stated above.

SIGNATURE W. D. EDGERTON, LT MC USN M. D. ADDRESS INF USNAS PAX RIV MD. DATE SIGNED 22 May 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) ~~Removal~~ BURIAL — DATE THEREOF 5-24-54 — NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery — LOCATION (City, town, or county) (State) Great Mills, Md.

DATE REC'D BY LOCAL REGISTRAR 5-24-54 — REGISTRAR'S SIGNATURE P. J. Bean, M.D. — 24. FUNERAL DIRECTOR ADDRESS Robert Rees King, Patuxent River, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2054-222
VS. A16—10-53

RECEIVED
MAY 27 1954
BUREAU V. S.

04883

MARYLAND

4912

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abells
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Palmers
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Emma (Last) Mattingly

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 14-1871
9. AGE last birthday 82 yrs. If under 1 year Months 6 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Fred Mattingly Palmers Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

433.1

Immediate cause (a) Fibrilation of Heart Acute

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Food Infection & Diarrhoea

(c) Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1954, to May 1st, 1954, that I last saw the deceased alive on May 1st, 1954, and that death occurred at 10.45 P m., from the causes and on the date stated above.

SIGNATURE J. F. Greenwell (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED May 2nd 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-4-1954
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bushwood (State) Md

DATE REC'D BY LOCAL REG. 5/3/54
REGISTRAR'S SIGNATURE Alan D. Hauser
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MAY 5 1924

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4913

CERTIFICATE OF DEATH

04884

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Nelson

4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 10 - 18 - 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Woodburn

14. MOTHER'S MAIDEN NAME: Margaret C. Mattingly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: ------

17. INFORMANT & ADDRESS: James E. Nelson - Leonardtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY [illegible]ADING TO DEATH:

450.0

Immediate cause (a) [illegible]ilation of Heart Chronic — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO

Antecedent cause(s) (b) Arterial Sclerosis — 4 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Old age

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to May 17, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

SIGNATURE F F Greenwell (DEGREE OR TITLE) M D ADDRESS Leonardtown Md DATE SIGNED 5-18-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/20/54

NAME OF CEMETERY OR CREMATORY St. Aloysius Cemetery

LOCATION (City, town, or county) (State) Leonardtown, Md.

DATE REC'D BY LOCAL REG. 5-20-54

REGISTRAR'S SIGNATURE Alan D. Hauser M D.

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 24 1994
U.S.

Film#G166 Item# 11,12
5/17/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04885

4914

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Morganza — MARYLAND — LENGTH OF STAY (in this place) 24 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Mary's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Morganza — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) (Frances) Frances (Middle) Columba (Last) Price

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 19 1869

9. AGE: Last birthday 85 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): St.Mary's Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bernard Price

14. MOTHER'S MAIDEN NAME: Ann Key

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~ (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Alice Marshall Morganza, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Cerebral Hemorrhage — 1 wk

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio sclerotic C.V. disease — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954 to May 6, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Smythe — ADDRESS Mechanicsville — DATE SIGNED 5/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE May 8, 1954 — NAME OF CEMETERY OR CREMATORY St Joseph's Cemetery — LOCATION (City, town, or county) (State) Morganza, Md

DATE REC'D BY LOCAL REG. May 9, 1954 — REGISTRAR'S SIGNATURE Allen D. Hansen, M.D. — 25. FUNERAL DIRECTOR Jos C. Mattingly — ADDRESS Leonardtown, Md.

RECEIVED
MAY 11 1954
BUREAU

Film#G165 Item# 11,14,15,17,8
5/11/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4915

04886

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 47 ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C. ✓
STREET ADDRESS (If rural, give location) 419 - Shepherd St N.W.

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) E. (Last) Printz
4. DATE OF DEATH (Month) May (Day) 1 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 10-13-1872 Oct 18 1872
9. AGE last birthday 81 yrs. If under 1 year Months 6 Days 18 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lewis-Hollywood Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Printz
14. MOTHER'S MAIDEN NAME Annie Printz Bloom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish war
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Anna L. Printz 419 Shepherd St N.W. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. Leigh Pal [illegible] 5/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-5-54
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 5/1/54
REGISTRAR'S SIGNATURE Alan D. Hauser
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04887

4916

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural, give location) Md. State Route No. 235

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Girl (Last) Taylor

4. DATE OF DEATH: (Month) May (Day) 22nd, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	22 May, 1954	0 yrs.	0	0	8	0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Meryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elwood H. Taylor
14. MOTHER'S MAIDEN NAME: Thelma Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Elwood H. Taylor, father - Ridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH—

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 776X	(a) Prematurity	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Rh factor	8 hrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from may 22 19 54, to may 22 19 54, that I last saw the deceased alive on may 22, 19 54, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

5-22-54 Dearbaugh, M.D., Leonardtown, Md.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	24 May, 1954	St. Michael's Cemetery	Ridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-1-54	Alan D. Hamm, MD	P. B. Robinson, Leonardtown, Maryland

RECEIVED
JUN 7 1954
BUREAU V. S.

04888

MARYLAND STATE DEPARTMENT OF HEALTH

4917

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Inogoes
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) Richard (Last) Woodburn

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 13-1900
9. AGE last birthday 54 yrs. If under 1 year Months — Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tent farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Forbes Woodburn
14. MOTHER'S MAIDEN NAME Susie Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT Mrs M. Richard Woodburn St Inogoes Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1949, to May 17, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] MD Great Mills Md 5-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-19-1954
NAME OF CEMETERY OR CREMATORY Holy Faces
LOCATION (City, town, or county) (State) Great Mills Maryland

DATE REC'D BY LOCAL REG. May 17/54
REGISTRAR'S SIGNATURE [signature] MD
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1954
BUREAU V. S.